

CLAIM FORM

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS MAY 18, 2017

This is the official claim form you must use to make a claim in Bernetich, Hatzell & Pascu, LLC vs. Medical Records Online Inc d/b/a “MRO”, Docket No. CAM-L-1271-15, Superior Court of New Jersey, Camden County. Please read this form carefully before filling it out.

In order to qualify for relief under the settlement, you must be a New Jersey attorney or law firm who, between January 25, 2013 and December 31, 2016, received an invoice in your own name from MRO for copies of client medical records relating to treatment in New Jersey on CD, via email, or via MRO online portal access, and you must have paid that MRO invoice, and you must not have been reimbursed for that payment by either the client or through a recovery.

To be eligible for benefits under the settlement, you must complete the form below and certify under penalty of perjury that you have not received reimbursement for your payments of the MRO invoices listed below from either your client or through recovery.

If you have any questions please contact class counsel, Stephen P. DeNittis at 856-797-9951 or via email at sdenittis@denittislaw.com.

**THIS COMPLETED FORM MUST BE POSTMARKED,
NO LATER THAN MAY 18, 2017.**

INFORMATION REGARDING THE LAW FIRM SUBMITTING CLAIM:

Name and Title of Person Completing Claim Form: _____

Name of Law Firm: _____

Address: _____

Phone Number: _____

Email: _____

RECORDS PURCHASED FROM MRO IN NON-PAPER FORMAT.

1. For each MRO invoice that your firm received between January 25, 2013 and December 31, 2016 for copies of client medical records on CD, via email, or via MRO online portal access, list the client to whom those records related.
2. For each such invoice, list the amount you paid to MRO for the records in question.
3. For each such invoice, state whether or not you have been reimbursed for that invoice by either your client or through a recovery.

Complete the chart below. Add additional pages if necessary.

Patient Name	Total Invoice Amount	Reimbursement Received (Circle One)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT MY FIRM HAS NOT BEEN REIMBURSED FOR THE INVOICES LISTED ABOVE.

Signature

Please send the completed claim form to:

MRO Settlement
c/o Settlement Administrator
P.O. Box 1367
Blue Bell, PA 19422